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Name: Alexander P. Yenko	COUNSEL/PARTIES OF RECORD
Address: 9001 Cape Wood Ct	AUG 1 5 2022
City. State. Zip: Los Veggs w 89117 Phone:	CLERK US DISTRICT COURT DISTRICT OF NEVADA
Email: Self-Represented	DISTRICT OF NEVADA
	D1

♦ S. DISTRICT COURT CLARK COUNTY, NEVADA

Alexander P. Yanko Plaintiff,	CASE NO.: 2:22-cv-01311-GMN-DJA DEPT:
Welfath, LC Defendant.	,

Application to Proceed in Forma Pauperis

Pursuant to NRS 12.015, and based upon the information contained in this Application and Affidavit, I request permission from this Court to proceed without paying filing fees, or other costs and fees as provided in NRS 12.015 because I lack sufficient financial ability.

I understand that if approved, the order allowing me to proceed in forma pauperis will be valid for one year. I will be required to file a new Application to Proceed in Forma Pauperis if I need further filing fees and court costs and fees waived after one year.

	LOYMENT: (\subseteq check one) I am unemployed.				
)X	i am unempioyed.				
	I am employed. My employer is		and	my	jot
	title is	·			
	I am self-employed. The name of my business is _			_•	



	Personal Income (write "0" for any income you do	not have)
A	Monthly Wages from Employment (before taxes)	\$ 8
В	Monthly Tip Income	\$
С	Monthly Unemployment Benefits	\$
D	Public Benefits/Assistance received each month ☐ TANF ☐ SSD ☐ SSI ☐ food stamps ☐ other:	\$
Е	Social Security	\$
F	Retirement / Pension	\$
G	Monthly Child Support received	\$
Н	Other:	\$
	TOTAL INCOME (add lines A-H)	\$

	Household Information	· · · · · · · · · · · ·
Α	How many adults (18 and up) live in the home (include yourself)?	1
В	How many children (under 18) live with you?	
	TOTAL HOUSEHOLD SIZE (add A+B)	

	Household Income	
List the names of the a	dults you live with and their estimated	monthly earnings:
Name:	Relationship:	\$
Name:	Relationship:	\$
Name:	Relationship:	\$

	Monthly Expenses (write "0" for any expense you	do not have)
A	Rent / Mortgage	\$ 8
В	Utilities (electricity, gas, phone, other utilities)	\$ 1
С	Food	\$
D	Child Care	\$
Е	Medical Expenses (including health insurance)	\$
F	Transportation (insurance, gas, bus fare, etc.)	\$
G	Other:	\$
	TOTAL EXPENSES (add lines A-G)	\$



Assets (write "n/a" and "0" for any as	sets you do not have))	
Asset	What It's Worth	What you Owe	
Checking Account	\$ N/A	n/a	
Savings Account	\$ N/A	n/a	
Car (vear/make/model:)	\$ WA	\$	
House / Real Estate You Own (address:)	\$ NA	\$ W/A	
Other:	\$	\$	

CREDIT CARDS.			
Do you have a credit ca	ard that you car	use to charge the filing fee?	
Z/No	□ Ves	☐ Ves_but_my_current balance is \$	

Declaration in Support of Request to Proceed In Forma Pauperis

Briefly explain your current financial situation and why you are unable to pay the filing fee.

For example, if you are unemployed explain why, for how long, and what efforts you are making to obtain employment. If you are temporarily living with a friend or relative explain for how long and how they help you financially.

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I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Printed Name

Fee Waiver Application

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